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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/540,173	06/17/2005	Herbert Mosse	ESSR:078US	1184
	7590 11/06/200 & JAWORSKI L.L.P.	7	EXAMINER	
600 CONGRESS AVE.			STULTZ, JESSICA T	
SUITE 2400 AUSTIN, TX 78701			ART UNIT	PAPER NUMBER
,			2873	
			MAIL DATE	DELIVERY MODE
			11/06/2007	PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

	Application No.	Applicant(s)
Interview Summary	10/540,173	MOSSE ET AL.
	Examiner	Art Unit
	Jessica T. Stultz	2873
All participants (applicant, applicant's representative, P	TO personnel):	
(1) <u>Jessica T. Stultz</u> .	(3)	
(2) <u>Mike Krawzsenek</u> .	(4)	
Date of Interview: 30 October 2007.		•
Type: a)⊠ Telephonic b)☐ Video Conference c)☐ Personal [copy given to: 1)☐ applicant	2) applicant's representative	e]
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description:	e)⊠ No.	
Claim(s) discussed: 1,22 and 31.		
Identification of prior art discussed: None.		
Agreement with respect to the claims f)☐ was reached	. g)⊠ was not reached. h)⊡ t	N/A.
Substance of Interview including description of the general reached, or any other comments: <u>Proposed claim amenal</u> <u>Applicant was informed that new limitations would required that the properties of the second se</u>	ndments were discussed to overc	ome the art of record.
(A fuller description, if necessary, and a copy of the am allowable, if available, must be attached. Also, where rallowable is available, a summary thereof must be attached.	no copy of the amendments that v	
THE FORMAL WRITTEN REPLY TO THE LAST OFFICINTERVIEW. (See MPEP Section 713.04). If a reply to GIVEN A NON-EXTENDABLE PERIOD OF THE LONG INTERVIEW DATE, OR THE MAILING DATE OF THIS FILE A STATEMENT OF THE SUBSTANCE OF THE IN requirements on reverse side or on attached sheet.	the last Office action has already ER OF ONE MONTH OR THIRT INTERVIEW SUMMARY FORM,	been filed, APPLICANT IS Y DAYS FROM THIS WHICHEVER IS LATER, TO
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Examiner Note: You must sign this form unless it is an Attachment to a signed Office action.

Examiner's signature, if required